MULTIPLE D. NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/526546

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DI
2						ļ	51					TIVD.	
3							52						
4							53						_
5				 ; 			54						_
6							55 56						
7							57		<u> </u>				
8							58						
9							59						<u> </u>
10				1			60						
11							61						
12							62						<u> </u>
13		•					63						_
14							64 .						
15							65						
16 17							66						_
18							67						
19							68						
20							69						
21				-			70 71						
22							72						
23				-			73						
24							74						
25		-					75						
26							76						
27							77						
28				·			78						
29				· ·			79 .						
30		4,					80						
31 32							81						
33							82						
34							83 84						
35							85	 -					
36							86			<u> </u>			
37							87						
38							88						
39							89						
40							90						
41							91						
42					<u> </u>	-	92						
43							93						
45							94						
46							95 96	—— <u>I</u>			1		
47							96						_
	,						98						
49							99						
50							100						-
OTAL END.		1	1	#		1	TOTAL END.		#		4		7
OTAL DEP		4	11	4 =		4	TOTAL BEP.		+		4		4
TOTAL CLADAS			. 12				TOTAL CLAIMS						
											电路电话设施		45.00